

RECEIVED

POSITION	ID NO.	DATE
CLASSIFIER	20	5-14-93
EXAMINER	319	5-25-93
TYPIST	785	5-28-93
VERIFIER	778	5-28-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	19
2	20
3	21
4	22
5	23
6	24
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31	49
32	50

SYMBOLS

- ✓ Rejected
- Allowed
- (Through numerals) Canceled
- ⊕ Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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BEST AVAILABLE COPY